

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/534,178 FILING DATE \_\_\_\_\_  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1	2				53						
4		1	2				54						
5		1	0				55						
6		0	1				56						
7		1	0				57						
8		0	1				58						
9		0	1				59						
10	1						60						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓		↓						
TOTAL DEP.	8	←	←	←	←		↓	↓	↓				
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████		██████████	██████████	██████████				